	ATE BOARD OF HEALTH
	U OF VITAL STATISTICS CERTIFICATE OF BIRTH Registered No.
$\sim 10^{-1}$ A 1 2	/1 ·
	State Urizona:
District or Township.	or Village.
Sity / Way No. 15	birth occurred is a hospital or institution girl the NATE St.
Full name of child Allen Virgin	birth occurred is hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed.
Sex of Child To be answered ONLY 4. Twin, triplet	or other 6. Legitimate?
in event of plural births. 5. No., in order	7. Date 11/1/2 13 - 19 27
FATHER	MOTHER
Jull name Charles Aurly Colbe	Full maiden name Mariagn of Vacu
). Residence (Usual place of abode)	15 Residence (Usual place of abode) Miani,
If non-resident, give place and state.	ma. If non-resident, give place and state.
10. Color or race	16 Color or race
Cauc. 11. Age at last birthday 24	(Years) Cauc. 17. Age at last birthday /7 (Years)
2. Birthplace (city or place).	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation Crane man	19. Occupation
Nature of industry	Nature of industry
Mung	Storseurs
20. Number of children of this mother	alive and now living 21. Were precautions when against oph-
Taken as of time of birth of child herein (b) Born certified and including this child.)	The state of the s
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE , H2	
I hereby certify that I attended the birth of this child, who was	(Boxn alive of stillorn.)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	yril m. Erow m 10.
child is one that neither breathes nor shows other evidence of life after birth.	I Physician
Given name added from	Mi (Physician or midwife).
a supplemental report Month, day, year Add	reso Mann, Wyona.
Pile	d lug 20, 27 lo &
Registrar	Registrar
\sim	77 77 117
8	23-813-430